

106TH CONGRESS
1ST SESSION

H. R. 2391

To establish a National Center for Research on Domestic Health Disparities.

IN THE HOUSE OF REPRESENTATIVES

JUNE 30, 1999

Mr. JACKSON of Illinois (for himself, Mr. NORWOOD, Mrs. CHRISTENSEN, Mr. CLYBURN, Mr. RODRIGUEZ, Mr. UNDERWOOD, Mr. WU, Mr. SANDERS, Mr. DEFAZIO, Mr. BONIOR, Mr. MENENDEZ, Mr. BROWN of Ohio, Mr. STARK, Mr. ABERCROMBIE, Ms. MILLENDER-McDONALD, Mr. THOMPSON of Mississippi, Mr. HILLIARD, Mr. FILNER, Mr. FALEOMAVAEGA, Mrs. MEEK of Florida, Mr. SERRANO, Mr. HINCHEY, Mr. JEFFERSON, Mr. FORD, Ms. MCKINNEY, Mrs. JONES of Ohio, Ms. LEE, Ms. PELOSI, Ms. KILPATRICK, Mr. SCOTT, Ms. NORTON, Mr. CLAY, Mr. OWENS, Ms. VELÁZQUEZ, Mr. PAYNE, Mr. WYNN, Mr. RUSH, Mr. CUMMINGS, Mr. DAVIS of Illinois, Mr. PASTOR, Mr. MEEKS of New York, Ms. JACKSON-LEE of Texas, Ms. BROWN of Florida, Ms. WATERS, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. ROMERO-BARCELÓ, Mr. BISHOP, Ms. CARSON, Mrs. CLAYTON, Mr. CONYERS, Mr. RANGEL, Mr. REYES, Mr. LEWIS of Georgia, Mr. TOWNS, Mr. DIXON, Mr. FATTAH, Mr. WATT of North Carolina, Mr. GONZALEZ, Mr. NADLER, Mr. BROWN of California, Mr. MATSUI, Mr. LANTOS, Ms. KAPTUR, Mrs. NAPOLITANO, Ms. SCHAKOWSKY, Mr. HASTINGS of Florida, Mr. FRANK of Massachusetts, Mr. ORTIZ, Ms. WOOLSEY, Mrs. MINK of Hawaii, and Mr. BECERRA) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To establish a National Center for Research on Domestic
Health Disparities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “National Center for
3 Research on Domestic Health Disparities Act”.

4 **SEC. 2. FINDINGS.**

5 The Congress makes the following findings:

6 (1) The United States ranks below most indus-
7 trialized nations in health status measured by lon-
8 gevity, sickness, and mortality.

9 (2) The United States ranks 24th among indus-
10 trialized nations in infant mortality.

11 (3) This poor rank in health status is attributed
12 in large measure to the lower health status of Amer-
13 ica’s minority populations.

14 (4) Many minority groups suffer disproportion-
15 ately from cancer. Disparities exist in both mortality
16 and incidence rates. For men and women combined,
17 African Americans have a cancer death rate about
18 35 percent higher than that for whites. Paralleling
19 the death rate, the incidence rate for lung cancer in
20 African American men is about 50 percent higher
21 than white men. Native Hawaiian men also have ele-
22 vated rates of lung cancer compared with white men.
23 Alaska Native men and women suffer from higher
24 rates of cancers of the colon and rectum than do
25 whites. Vietnamese women in the United States have
26 a cervical cancer incidence rate more than five times

1 greater than white women. Hispanic women also suf-
2 fer elevated rates of cervical cancer.

3 (5) Infant death rates among African Amer-
4 ican, American Indians and Alaska Natives, and
5 Hispanics were well above the national average. The
6 greatest disparity exists for African Americans. The
7 overall American Indian rate does not reflect the di-
8 versity among Indian communities, some of which
9 have infant mortality rates approaching twice the
10 national rate.

11 (6) SIDS accounts for approximately 10 per-
12 cent of all infant deaths in the first year of life. Mi-
13 nority populations are at greater risk for SIDS. In
14 addition to the greater risks among African Ameri-
15 cans, the rates are three to four times as high for
16 some American Indians and Alaska Native popu-
17 lations.

18 (7) Cardiovascular disease is the leading cause
19 of death for all racial and ethnic groups. Major dis-
20 parities exist among population groups, with a dis-
21 proportionate burden of death and disability from
22 cardiovascular disease in minority and low-income
23 populations. Stroke is the only leading cause of
24 death for which mortality is higher for Asian-Amer-
25 ican males than for white males.

1 (8) Racial and ethnic minorities have higher
2 rates of hypertension, tend to develop hypertension
3 at an earlier age, and are less likely to undergo
4 treatment to control their high blood pressure.

5 (9) Diabetes, the seventh leading cause of death
6 in the United States, is a serious public health prob-
7 lem affecting racial and ethnic communities. The
8 prevalence of diabetes in African Americans is ap-
9 proximately 70 percent higher than whites and the
10 prevalence in Hispanics is nearly double that of
11 whites. The prevalence rate of diabetes among
12 American Indians and Alaska Natives is more than
13 twice that for the total population and at least one
14 tribe, the Pimas of Arizona, have the highest known
15 prevalence of diabetes of any population in the
16 world.

17 (10) The human immunodeficiency virus
18 (“HIV”), which causes acquired immune deficiency
19 syndrome (“AIDS”), results in disproportionate suf-
20 fering in minority populations. Minority persons rep-
21 resent 25 percent of the total United States popu-
22 lation, but 54 percent of all cases of AIDS.

23 (11) More than 75 percent of AIDS cases re-
24 ported among women and children occur in minority
25 women and children.

1 (12) Despite suffering disproportionate rates of
2 illness, death, and disability, minorities have not
3 been proportionately represented in many clinical re-
4 search trials, except in studies of behavioral risk fac-
5 tors associated with negative stereotypes.

6 (13) Culturally sensitive approaches to research
7 are needed to encourage minority participation in re-
8 search studies.

9 (14) There is a national need for minority sci-
10 entists in the field of biomedical, clinical, and health
11 services research.

12 (15) In 1990, only 3.3 percent of all United
13 States medical school faculties were underrep-
14 resented minority persons.

15 (16) Only 1 percent of full professors were
16 underrepresented minority persons in 1990.

17 (17) The proportion of underrepresented mi-
18 norities in higher rank academic ranks, such as pro-
19 fessors and associated professors, actually decreased
20 from 1980 to 1990.

21 **SEC. 3. ESTABLISHMENT OF NATIONAL CENTER FOR RE-**
22 **SEARCH ON DOMESTIC HEALTH DISPARITIES.**

23 (a) IN GENERAL.—Part E of title IV of the Public
24 Health Service Act (42 U.S.C. 287 et seq.), as amended
25 by section 601 of the Departments of Labor, Health and

1 Human Services, and Education, and Related Agencies
2 Appropriations Act, 1999 (as contained in section 101(f)
3 of Public Law 105–277) (112 Stat. 2681–387), is amend-
4 ed by adding at the end the following subpart:

5 “Subpart 6—National Center for Research on Domestic
6 Health Disparities

7 “SEC. 485E. (a) IN GENERAL.—The general purpose
8 of the National Center for Research on Domestic Health
9 Disparities (in this subpart referred to as the ‘Center’)
10 is the conduct and support of basic and clinical research,
11 training, the dissemination of health information, and
12 other programs with respect to minority health.

13 “(b) COORDINATION OF ACTIVITIES.—

14 “(1) IN GENERAL.—The Director of the Center
15 shall coordinate the activities of the Center with re-
16 lated activities of the other agencies of the National
17 Institutes of Health, including the national research
18 institutes.

19 “(2) AGENCYWIDE RECOMMENDATIONS
20 THROUGH COMPREHENSIVE PLAN.—The Director of
21 NIH, the Director of the Center, and the directors
22 of the national research institutes shall collaborate
23 for the purpose of developing, and periodically re-
24 viewing and as appropriate revising, a comprehensive
25 plan that provides recommendations for the conduct

1 and support by the National Institutes of Health of
2 the activities described in subsection (a) with respect
3 to minority health.

4 “(3) CERTAIN ACTIVITIES.—For purposes of
5 the comprehensive plan under paragraph (2), the Di-
6 rector of the Center shall—

7 “(A) identify projects of research on mi-
8 nority health that should be conducted or sup-
9 ported by the Center and the other agencies of
10 the National Institutes of Health, including the
11 national research institutes;

12 “(B) identify multidisciplinary research re-
13 lating to research on minority health that
14 should be so conducted or supported;

15 “(C) promote coordination and collabora-
16 tion among entities conducting research identi-
17 fied under subparagraph (A) or (B);

18 “(D) encourage the conduct of such re-
19 search by entities receiving funds from the na-
20 tional research institutes;

21 “(E) recommend an agenda for conducting
22 and supporting such research; and

23 “(F) promote the sufficient allocation of
24 the resources of the national research institutes
25 for conducting and supporting such research.

1 “(c) CLINICAL RESEARCH EQUITY.—The Director of
2 the Center shall assist in the administration of section
3 492B with respect to the inclusion of members of minority
4 groups as subjects in clinical research.

5 “(d) RESEARCH ENDOWMENTS.—The Director of the
6 Center may carry out a program to facilitate research on
7 minority health by providing for research endowments at
8 centers of excellence under section 736.

9 “(e) ADVISORY COUNCIL.—The Secretary shall, in
10 accordance with section 406, establish an advisory council
11 to advise, assist, consult with, and make recommendations
12 to the Director of the Center on matters relating to the
13 activities described in subsection (a), and with respect to
14 such activities to carry out any other functions described
15 in section 406 for advisory councils under such section.

16 “(f) BIENNIAL REPORT.—The Director of the Center
17 shall prepare biennial reports on the activities carried out
18 or to be carried out by the Center, and shall submit each
19 such report to the Director of NIH for inclusion in the
20 biennial report under section 403.

21 “(g) AUTHORIZATION OF APPROPRIATIONS.—For the
22 purpose of carrying out this subpart, there are authorized
23 to be appropriated \$100,000,000 for fiscal year 2000, and
24 such sums as may be necessary for each of the fiscal years
25 2001 through 2004. Such authorization of appropriations

1 is in addition to other authorizations of appropriations
2 that are available for the conduct and support of research
3 on minority health by the national research institutes and
4 other agencies of the National Institutes of Health.”.

5 (b) CONFORMING AMENDMENT.—Part A of title IV
6 of the Public Health Service Act (42 U.S.C. 281 et seq.)
7 is amended by striking section 404.

8 **SEC. 4. EFFECTIVE DATE.**

9 The amendments made by this Act take effect Octo-
10 ber 1, 1999, or upon the date of the enactment of this
11 Act, whichever occurs later.

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